

## POLICY BRIEF:

### *Discharges into Homelessness*

A substantial number of people are discharged into homelessness, when they exit institutions which provide housing, such as jails, hospitals, and the foster care system. Therefore, reducing the number of people who are discharged into homelessness is key to reducing the overall number of people who become homeless.

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# POLICY BRIEF:

## *Discharges into Homelessness*

Institutions and major systems, especially hospitals, jails, prisons, and the foster care system often discharge people without appropriate planning or sufficient resources to ensure that they have housing upon discharge

Discharge planning is key to preventing discharges into homelessness. For the U.S. Department of Housing & Urban Development (HUD), discharge planning is seen as a homelessness prevention strategy. The idea is that other systems, especially the criminal justice system, should not “dump” clients into an overburdened homeless system. In addition to thinking of discharge planning as prevention, however, many communities recognize institutional stays as part of a cycle that includes street homelessness and crisis interventions--especially jails, emergency rooms, and psychiatric hospitalization. When viewed in this light, institutional stays can be framed as an opportunity to assess a person’s housing and service needs and connect that person to an appropriate intervention.

### **Key Issues**

- Opportunity for major systems to implement the Sequential Intercept Model (SIM), as adopted by the Board of Supervisors on August 11, 2015 as part of the Diversion Plan developed under the leadership of the District Attorney. The SIM is a framework for understanding how people with mental illness interact with the criminal justice system. The model presents this interaction as a series of points where interventions can be made to prevent a person from entering the justice system or becoming further entangled in the system.
- People with criminal justice backgrounds have major barriers to accessing housing resources and certain other mainstream benefits. For example, a veteran incarcerated for 61 days loses his/her Veterans Affairs (VA) pension payments; VA disability compensation is reduced after 60 days of incarceration; Supplemental Security Income (SSI) benefit is suspended after 30 days of incarceration.
- HUD homeless definitions create a situation where clients can lose their homeless/chronically homeless status when their length of stay is 90 days or greater in an institution. Also, people using Housing Choice vouchers who are out of their housing for more than 30 days run the risk of losing the rental subsidy. This primarily affects people who are in jail and cannot make bail. Without a pre-trial release program in Los Angeles County, they will be in jail until their court date.
- Vulnerable families experiencing housing instability require greater support from child welfare agencies in relation to identifying suitable and affordable housing that they can sustain long-term.
- Coordinated discharge policies and a set of basic guiding principles for discharge planning among local institutions (such as hospitals and jails) could reduce the number of people who cycle in and out of those institutions.

### *From Incarceration*

- Los Angeles County's policies and practices do not consistently support successful reintegration into the community for formerly incarcerated people.
  - There is no funding for support services or housing for individuals released from incarceration who are not under County supervision, i.e. Probation Department. This includes:
    - People convicted of AB 109 felonies who served their sentences in county jail.
    - People released from prison under Prop. 36 (3 Strikes Reform).
  - The lack of a pre-trial release program can cause people to lose employment and housing while in jail, only to be found not guilty in court, released on probation, or released with time served.
  - There are no discharge plans in place for most people exiting County jail.
- A homeless person can receive 90 days of transitional housing upon discharge through AB 109 funding; in certain circumstances the housing can be extended for another 90 days. This duration may not be sufficient and there can be a need for additional services which may not currently be available.
- Los Angeles County has received more than \$1.4 billion under AB 109 since 2011. Outcome measures and evaluation, although recently improved with the development of quarterly budget and performance reports, have been very limited, though there are process indicators in use that measure how many people receive various types of service. More than 80% of the AB 109 funds are spent annually on incarceration and supervision and less than 20% on all support services, including housing.

### *From Hospitals*

- Local CES programs have sometimes been reluctant to work with hospitals.
- Hospital social workers often feel that they don't have the resources to place homeless patients in a way that won't cause readmissions.
- Medical respite care can be a useful tool in hospital discharge planning. Medical respite care is acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital. Unlike "respite" for caregivers, "medical respite" is short-term residential care that allows homeless individuals the opportunity to rest in a safe environment while accessing medical care and other supportive services. While this does not address the long-term housing needs of homeless hospital patients, it can provide a safe, cost-effective place for people with medical issues to live while waiting for permanent housing placement.

## Current Efforts

### County of Los Angeles

- District Attorney (DA) – Board-Adopted Diversion Plan** - The District Attorney, in collaboration with the Mental Health Advisory Board, developed a recommended plan to safely divert non-violent mentally-ill offenders from jail, and the plan was adopted by the Board of Supervisors on September 1, 2015. The Mental Health Advisory Board used lessons learned from Miami-Dade County, Florida – a leader in jail/mental health diversion efforts. The “Sequential Intercept Model” (SIM) of mental health diversion planning occurs along the criminal justice continuum, as a series of points where interventions can be applied to prevent an individual from further entry and escalation into the criminal justice system. This is particularly important for mentally ill and homeless individuals who are significantly more likely to become involved in the criminal justice system and remain incarcerated than their counterparts with stable housing. The five intercepts consist of: 1) law enforcement/emergency services first contact; 2) post-arrest/arraignment; 3) courts/post-arraignment/alternatives to incarceration; 4) community re-entry; and 5) community support. The plan incorporates mental health, health, and substance use disorder resources, along with recommendations to increase investments in housing resources through DHS’ Flexible Housing Subsidy Pool and DMH’s specialized housing programs to increase PSH for diverted mentally ill and potentially homeless offenders.
- Department of Children and Family Services (DCFS) – Approved Relative Caregiver Housing Program for Transitional Age Youth** – DCFS administers the ARC Program for caregivers who are not currently eligible for Aid to Families with Dependent Children–Foster Care (AFDC-FC). The ARC program provides approved relative caregivers, with whom an eligible child is placed, the opportunity to receive payments equal to the basic Foster Care rate. ARC is believed to improve the pool of caregivers for foster youth, thereby improving their ability to transition to stable housing as adults and not transition into homelessness.
- DCFS – TAY Transitional Housing Programs** - DCFS has an array of transitional housing programs for transition age youth 18-24. Extended Foster Care (AB 12) extends foster care up to age 21 for all young adults who meet federal participation criteria for continued eligibility. THP+ (18-24) has 84 allocated housing slots and is funded through federal/State funding streams. THP (18-21) has 155 allocated housing slots and is primarily funded through HUD and LAHSA with matching DCFS Chafee funds.
- Probation Department - Breaking Barriers** - Breaking Barriers is a partnership between DHS, CSH, LA County Probation, Chrysalis, and Brilliant Corners. The program connects adult felony probationers and individuals connected to AB 109 resources in LA County with short-term rental subsidies for market-rate apartments while providing supportive services. While Breaking Barriers has

several metrics of success related to the overall health and well-being of program participants, the program's primary goals are to reduce recidivism and maintain housing stability for clients in the program.

- **Sheriff Department - Just in Reach (JIR) 2.0** - JIR 2.0 was launched in July 2015 with a goal of serving 200 homeless inmates in one year. JIR 2.0 is a partnership between the Sheriff and CSH. The program is a jail in-reach program that connects chronically homeless, frequently incarcerated individuals with a permanent housing solution. While JIR 2.0 has several metrics of success related to the overall health & well-being of program participants, the program's two main goals are to reduce rates of re-incarceration and end the cycle of homelessness for JIR 2.0 clients.

### **City of Los Angeles**

- **HACLA - Section 8 Family Rehabilitation Pilot Project** - This program is designed to allow ex-offenders leaving the criminal justice system to reunite with their families receiving Section 8 housing assistance. The assisted family must approve the admission. Ex-offenders will be required to participate in reentry supportive services provided by community-based organizations and/or public agencies that have been selected by the Housing Authority. This program is only being utilized in the City's Section 8 Housing Choice Voucher Program.

### **Other Local Efforts**

- **Homeless Healthcare Los Angeles (HHLA) - Hospital Discharge Training Program** - With sponsorship from the Hospital Association of Southern California, HHLA offers a hospital discharge training program, which is delivered as a training program only or as an organization development effort. The latter includes working with the hospital to review current discharge planning processes for people experiencing homelessness and assisting in the development of appropriate processes and training staff about homelessness, available resources, and the new processes.
- **Corporation for Supportive Housing (CSH) - 10<sup>th</sup> Decile Work<sup>i</sup> <sup>ii</sup>** - CSH launched the Frequent Users Systems Engagement (FUSE) pilot to connect hospitals to homeless service providers and community health centers to target and permanently house the highest-cost, highest need individuals in supportive housing—and surround them with supportive medical and mental health homes.
  - For the first 89 participants enrolled, the average 12-month public cost avoidance totaled \$47,977 per person.
  - Every \$1 dollar in local funds spent to house and support 10th decile hospital patients is estimated to reduce public and hospital costs for those who are housed by \$2 in the first year and \$6 in subsequent years.

## Comparative Perspective/Best Practices

- **CSH Frequent Users System Engagement (FUSE)<sup>iii</sup>** – FUSE projects look different in every community, but all focus on connecting the most vulnerable homeless people in criminal justice systems with an appropriate housing intervention, e.g. permanent supportive housing. FUSE initiatives are designed to: improve the lives of tenants, make more efficient use of public resources, align and coordinate public and private resources and policies to create supportive housing, generate cost offsets in crisis systems like jails and shelter, and reduce recidivism and the use of costly emergency services. The project has often incorporated a strong in-reach component that focuses on discharge planning.
  - **Outcomes:**
    - A 39% reduction in the number of days in county jail for participants in the Hennepin County FUSE program.
    - A 50% reduction in the number of days in jail for participants in the New York FUSE program, compared to a comparison group.
    - A 43% reduction in the number of nights spent in shelter by participants in Hennepin County over the course of 22 months.
    - Preliminary findings from New York show that after 12 months, only 16% of the program group had any shelter admission compared to 98% of the comparison group.
    - Preliminary findings from New York show lower rates of alcohol and drug abuse—specifically injection drug use—among people in the program. In addition, the proportion of people with earnings and/or benefits such as SSI is much higher for people in the program.
- **Colorado Department of Corrections - Colorado Second Chance Housing and Reentry Program (C-SCHARP)** - C-SCHARP is a collaborative and comprehensive approach to the Colorado Department of Corrections (CDOC) inmate reentry processes that incorporates “Housing First” and Assertive Community Treatment (ACT) strategies to reduce recidivism among enrolled participants in Arapahoe and Douglas Counties. The C-SCHARP program works by systematically linking enrolled participants to a continuity of treatment provided by mental health services partners, thereby maximizing the capacity of each CDOC inmate to fully integrate back into the community. They have recently expanded the program to include slots for parolees and sex offenders.
- **New York City Housing Authority (NYCHA) - Family Housing Reentry Pilot<sup>iv</sup>** - CSH has partnered with the New York City Housing Authority (NYCHA) and the Vera Institute of Justice to launch the Family Reentry Pilot Program (FRPP). The two-year pilot will screen 150 former inmates released within the previous 3 years and provide them with supportive reentry services with the goal of adding them to their family’s lease upon completion of the program.

- **Pay for Success Initiatives**
  - **Cuyahoga County – Child Welfare Involved Families** – The Partnering for Family success program will deliver intensive 12-15 month treatment to 135 families over five years to reduce the length of stay in out-of-home foster care placement for children whose families are homeless.
  - **Denver – Social Impact Bond (SIB) Program** – SIB provides supportive housing to 300 chronically homeless individuals with significant primary and behavioral health challenges that lead them to be high utilizers of emergency health and criminal justice systems. Improved housing availability will generally improve a client's quality of life and reduce contacts with the criminal justice system, and more effectively use preventative health care services and reduce unnecessary emergency room visits.
  - **CSH - Keeping Families Together, New York<sup>V</sup>** - CSH's Keeping Families Together initiative uses supportive housing to offer stability to families with children who are at risk of recurring involvement in the child welfare system.

## Discussion Questions

- How many people are discharged into homelessness from various institutions?
- What are ways we could dramatically reduce the number of people discharged from incarceration into homelessness? What is the role of employment services, both before and after release?
- What are ways we could ensure that people experiencing homelessness are linked to services before they are released? From incarceration & detention? From hospitals? From foster care? From the military?
- Can we develop a set of unified discharge guidelines that all institutions can use with the goal of reducing discharges into homelessness?

## Resources

- Are there dollars that LA County and/or cities are currently spending to serve homeless families/individuals that could instead be used to pay for housing and/or related services?
- Is there additional revenue which LA County and/or cities could generate to pay for or reimburse the cost of housing?

## Legislative Advocacy

- Are there any changes in State or federal law or regulations that should be pursued?



## Potential Policy Options

- Assess the outcomes from current reentry practices for justice-involved people, determine needs based on these practices and on best practices from other jurisdictions, and develop a strategy to meet these needs.
- Explore opportunities to utilize AB 109 funding to more effectively reduce discharges from jail into homelessness.
- Utilize Medi-Cal funding through the Drug Medi-Cal Organized Delivery System to offer residential substance use disorder treatment upon release to every County jail inmate who is eligible to Medi-Cal and both needs and wants residential substance use disorder treatment.
- Develop and implement strategies to increase the number of emancipated foster youth who choose to access housing through Extended Foster Care (AB 12).

<sup>i</sup> <http://www.csh.org/2013/09/the-10th-decile-project-impressive-early-outcomes-in-los-angeles/>

<sup>ii</sup> [http://www.csh.org/wp-content/uploads/2013/09/Getting\\_Home\\_2013.pdf](http://www.csh.org/wp-content/uploads/2013/09/Getting_Home_2013.pdf)

<sup>iii</sup> <http://www.csh.org/csh-solutions/serving-vulnerable-populations/re-entry-populations/returning-home/>

Returning Home Ohio: <http://www.csh.org/csh-solutions/serving-vulnerable-populations/re-entry-populations/local-criminal-justice-work/returning-home-ohio/>

New York: <http://www.csh.org/csh-solutions/serving-vulnerable-populations/re-entry-populations/local-criminal-justice-work/nyc-fuse-program-key-findings/>

<sup>iv</sup> <http://www.csh.org/csh-solutions/serving-vulnerable-populations/re-entry-populations/local-criminal-justice-work/nycha-family-reentry-pilot-csh/>

<sup>v</sup> [http://www.csh.org/wp-content/uploads/2011/12/Tool\\_KeepingFamiliesTogetherBrochure.pdf](http://www.csh.org/wp-content/uploads/2011/12/Tool_KeepingFamiliesTogetherBrochure.pdf)